



www.newtonhumanrights.org

Housing DISCRIMINATION COMPLAINT FORM

Instructions: (Please type or print) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. If you need help filling out this form, please call and leave a message on the Fair Housing Discrimination line 617-796-1283. Your form should be signed and dated.

Name of Complainant: _____

Current Street Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone Number(s): _____ Email Address: _____

Name of contact person, if someone is assisting the Complainant: _____

Mailing Address: _____

Phone: (_____) _____ Email: _____

1. What happened to you?

How were you discriminated against? For example, were you denied housing because of your religion? Were you denied a mortgage loan because of your race? Were you turned down for an apartment because you have young children?

2. Why do you believe you have been a victim of housing discrimination?

Is it because of your (please circle all that you believe apply):

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Race• Color• Religious creed• National origin• Sex• Age• Genetic information• Disability | <ul style="list-style-type: none">• Ancestry• Marital status• Family status (families with children under 18)• Veteran status or membership in the armed forces of the United States• Sexual orientation | <ul style="list-style-type: none">• Status as a person who is a recipient of federal, state, or local public assistance or who is a tenant receiving federal, state or local housing subsidies including rental assistance or rental supplement |
|---|--|---|

3. Whom do you believe discriminated against you?

For example, is the person a landlord, owner, bank, real estate agent, broker, company, public official, or organization?

Identify whom you believe discriminated against you.

Name: _____

Position, if known: _____

Newton City Hall * 1000 Commonwealth Avenue * Newton, MA 02459 * TDD/TTY 617-796-1089
ADA voicemail 617-796-1281 * Fair Housing Discrimination voicemail 617-796-1283

Address: _____

4. Where did the alleged act of discrimination occur?

For example, was it at a rental unit? Single-family home? Public or assisted housing? A bank or other lending institution? Newspaper advertisement?

Please provide the full address:

5. When did the most recent act of discrimination occur?

Date: _____

Is the alleged discrimination continuing or ongoing? Yes _____ No _____

Explain briefly.

6. Have you filed your complaint with a federal, state or local anti-discrimination agency. If so, please describe. Please note that complaints of housing discrimination must be filed within 300 days of the most recent violation for the Massachusetts Commission Against Discrimination (MCAD), and within one year for the United States Department of Housing and Urban Development (HUD).

7. Have you filed your complaint about this with any federal or state court? If so, please describe.

Signature of Complainant

Date

Please return this form to: Newton Human Rights Commission at address below.

FOR COMMISSION USE (this section does not need to be translated):

DATE RECEIVED:

REFERRAL MADE:

ACTION TAKEN:

RESOLUTION: